OMB AP OMB Number Expires: Estimated average burden hours per response 16.00

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FORM D

JAN 13 2009

FORM D

UNIFORM LIMITED OFFERING EXEMPTION Name of Offering (check if this is an amendment and name has changed, and indicate change.) 2008 Convertible Promissory Notes and Warrants SEC Mail Processing Filing Under (Check box(es) that apply): ☐ Rule 504 □ Rule 505 □ ULOE Section Type of Filing: New Filing ☐ Amendment A. BASIC IDENTIFICATION DATA Enter the information requested about the issuer Washington, DC Name of Issuer (check if this is an amendment and name has changed, and indicate change.) 111 SinglePipe Communications, Inc. Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (including Area Code) 11492 Bluegrass Pkwy., Suite 107, Louisville, KY 40299 (502) 805-4100 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (including Area Code) Brief Description of Business Service provider of Voice Over Internet Protocol to retail VoIP providers. Type of Business Organization □ Corporation limited partnership, already formed other (please spe business trust limited partnership, to be formed Year Actual or Estimated Date of Incorporation or Organization: <u>09 06</u> Actual D Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: DE CN for Canada; FN for other foreign jurisdiction)

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State.

This notice shall be used to indicate reliance on the Uniform Limited Offering exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicted on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: ☐ Promoter Beneficial Owner □ Director General and/or Managing Partner Full Name (Last name first, if individual) Phillips, Matthew J. Business or Residence Address (Number and Street, City, State, Zip Code) 11492 Bluegrass Pkwy., Suite 107, Louisville, KY 40299 Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) McKay, Andy Business or Residence Address (Number and Street, City, State, Zip Code) 11492 Bluegrass Pkwy., Suite 107, Louisville, KY 40299 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Steenrod, Wright Business or Residence Address (Number and Street, City, State, Zip Code) 11492 Bluegrass Pkwy., Suite 107, Louisville, KY 40299 Check Box(es) that Apply: Beneficial Owner Executive Officer Director Promoter General and/or Managing Partner Full Name (Last name first, if individual) O'Brien, Dan Business or Residence Address (Number and Street, City, State, Zip Code) 11492 Bluegrass Pkwy., Suite 107, Louisville, KY 40299 Check Box(es) that Apply: ☐ Promoter Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Tronsrue, George Business or Residence Address (Number and Street, City, State, Zip Code) 11492 Bluegrass Pkwy., Suite 107, Louisville, KY 40299 Executive Officer Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner □ Director General and/or Managing Partner Full Name (Last name first, if individual) Edelen, Scott Business or Residence Address (Number and Street, City, State, Zip Code) 11492 Bluegrass Pkwy., Suite 107, Louisville, KY 40299 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Chrysalis Ventures III, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 101 S. Fifth Street, Suite 1650, Louisville, KY 40202-3122 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Executive Officer Check Box(es) that Apply: ☐ Promoter Beneficial Owner □ Director General and/or Managing Partner Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

			(Use	blank sheet.	or copy and u	ıse additional	copies of this	sheet, as nec	essarv)			
			. , , , , ,		B. INFORM							
1.	Has the issuer	sold, or does th	e issuer intend	l to sell, to no	n-accredited	investors in th	is offering?	***************************************			Ye	_
				Answer	also in Apper	ndix, Column	2, if filing un	der ULOE.				
2.	What is the mi	nimum investm	ent that will b	e accepted fr	om any indivi	dual					\$5	0,000
											Ye	s No
3.	Does the offeri	ng permit joint	ownership of	a single unit)	.,,.,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		***************************************				
	Enter the info remuneration f agent of a brok to be listed are	or solicitation of er or dealer reg associated pers	of purchasers : gistered with the sons of such a	in connection he SEC and/o	with sales of r with a state	securities in or states, list	the offering. the name of t	lf a person to he broker or d	be listed is an ealer. If more	associated pethan five (5)	erson or	
N/A	Name (Last nan	ne first, if indiv	idual)									
	ness or Residen	ce Address (Nu	imber and Stre	et, City, State	e, Zip Code)							
Name	e of Associated	Broker or Deal	ler									
State	s in Which Pers	on Listed Has	Solicited or In	tends to Solic	it Purchasers							
(Che	ck "All States"	or check indivi	dual States)							***************************************	All	States
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	н	ID
IL		lA	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО
МТ	NE NE	NV	NH	NJ	NM	NY	NC	ND	ОН	ОК	OR	PA
R1	SC	SD	TN	TX	UT	[VT]	VA	WA	WV	WI	WY	PR
Full !	Name (Last nan	ne first, if indiv	idual)							•		
Busin	ness or Residen	e Address (Nu	mber and Stre	et, City, State	e, Zip Code)				· · · · · · · · · · · · · · · · · · ·			
Name	e of Associated	Broker or Deal	ler									
State	s in Which Pers	on Listed Has:	Solicited or In	tends to Solic	it Purchasers				· · · · · · · · · · · · · · · · · · ·			
(Che	ck "All States"	or check indivi	dual States)				***************************************	•••••		,-,-,	🗆 AII	States
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
IL] IN	IA	KS	KY	LA	ME	MD	MA	Mi	MN	MS	МО
МТ	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	ОК	OR	PA
RI	sc	SD	TN	TX	UT	VT	VA	WA	WV	wi	WY	PR
Full 1	Name (Last nan	ne first, if indiv	idual)									
Busir	ness or Residen	e Address (Nu	mber and Stre	et, City, State	e, Zip Code)			, ,				
Name	e of Associated	Broker or Deal	ler								-	
State	s in Which Pers	on Listed Has	Solicited or In	tends to Solic	it Purchasers		. <u> </u>					
(Che	ck "All States"	or check indivi	dual States)								D All	States
AL	AK	AZ	AR	CA	СО	CT	DE	DC	FL	GA	HI	ID
II.	ÎN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО
MT	NË]	NV	NH	NJ	NM	NY	NC	ND	ОН	ОК	OR	PA
RI	sc	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box G and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	s	s
	Equity	\$	e
	☐ Common ☐ Preferred	<u> </u>	<u> </u>
	Convertible Securities (including warrants)	\$ 3,450,000	\$3,450,000
	Partnership Interests	s	\$
	Other (Specify)	•	•
		-	-
	Total	\$ 3,450,000	\$ 3,450,000
2.	Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	4	\$3,450,000
	Non-accredited Investors		s _
	Total (for filings under Rule 504 only)	N/A	N/A
	Answer also in Appendix Column 4, if filing under ULOE.		,, .
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offering of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C C Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	N/A	N/A
	Regulation A	N/A	N/A
	Rule 504	N/A	N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	N/A	N/A
	Transfer Agent's Fees		□ s
	Printing and Engraving Costs		
	Legal Fees		⊠ \$ <u>5,000</u>
	Accounting Fees		
	Engineering Fees		_
			□ s
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		s
	Total		\$5,000

				APPE	NDIX				
1	2		3	4				5	
	non-ac inve State	to sell to ccredited stors in (Part B- em 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of inv amount purch (Part C-)	ased in State		under ULOE attach ex of waive	ification : State (if yes, planation r granted) -Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA									
СО									
СТ									
DE									
DC									
FL									
GA									
HI									
ID	ļ	· · · · · · · · · · · · · · · · · · ·		,					
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IN								<u></u>	
IA	ļ								
KS							ļ		
KY		X	\$3,450,000 Conv Prom Notes and Warrants	3	\$3,400,000	0	\$0		X
LA									
ME									
MD									
MA	ļ								
MN		1							
MS									
MO									
MT	L				<u> </u>			<u> </u>	

				APPEN	NDIX				
1	non-ac inves State	to sell to ecredited stors in (Part B- m 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	4	Type of in amount purch (Part C-	ased in State		unde ULOE attach ex of waive	ification r State (if yes, planation r granted) -Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
NE									
NV									
NH									
NJ									
NM									
NY									
NC									
ND									
ОН									
OK									
OR									
PA									
RI									
sc									
SD									
TN									
TX									
UT	<u> </u>								
VT									
VA									
WA		х	\$3,450,000 Conv Prom Notes and Warrants	1	\$50,000	0	\$0		х
wv									
WI									
WY									
PR									

	C. OFFERING PRIC	E, NUMBER OF INVESTORS, EXPENSES AND U	SE OF PROCEEI	<u>DS</u>	
	Question I and total expenses furnish	egate offering price given in Response to Part C C hed in response to Part C C Question 4.a. This is to the issuer."			\$ <u>3,445,000</u>
	used for each of the purposes shown. If the estimate and check the box to the left of the	gross proceed to the issuer used or proposed to be the amount for any purpose is not known, furnish an the estimate. The total of the payments listed must issuer set forth in response to Part C C Question 4.b			
			Payments to Officers, Directors, & Affiliates		Payments to Others
Salar	ies and fees		s _		\$
Purcl	nase of real estate		s _		s
Purch and e	nase, rental or leasing and installation of ma	chinery	s		s
		cilities	s		s
offer	isition of other businesses (including the va ing that may be used in exchange for the ass r pursuant to a merger)	lue of securities involved in this lets or securities of another	s		s
Repa	yment of indebtedness		s		s
Work	ring capital		s		\$ <u>3,445,000</u>
Othe			s		\$
			\$	<u>□</u> \$3,445,	\$
		D. FEDERAL SIGNATURE			
	b dubu saurad skie ersten to be visuad	by the undersigned duly authorized person. If this noti	ce is filed under Pa	ule 505 th	e fallowing sions
onstit	utes an undertaking by the issuer to furnis	sh to the U.S. Securities and Exchange Commission, stor pursuant to paragraph (b)(2) of Rule 502.	upon written reque	est of its	staff, the informa
	(Print or Type) ePipe Communications, Inc.	Signature Scotl Colland	Date 12-	/30/	08
myı	of Signer (Print or Type)	Title of Signer (Print or Type)			

Question difference 5. Indicate beloused for each estimate and equal the ach above. Salaries and fees. Purchase of real of and equipment Construction or let Acquisition of ott offering that may issuer pursuant to Repayment of inc. Working capital Other (specify):	n I and total expenses furce is the "adjusted gross product of the adjusted of the adjusted of the purposes shown, of the purposes proceeds to the distribution of the purposes of the purpos	rigregate offering price given in Response to Part C C nished in response to Part C C Question 4.a. This reeds to the issuer."	Payments to Officers, Directors, & Affiliates \$ \$ \$ \$ \$ \$	\$3,445,000 Payments to Others \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
used for each estimate and equal the act above. Salaries and fees. Purchase of real of and equipment Construction or lot offering that may issuer pursuant to Repayment of inc. Working capital Other (specify):	ch of the purposes shown. d check the box to the left djusted gross proceeds to th estate	If the amount for any purpose is not known, furnish an of the estimate. The total of the payments listed must e issuer set forth in response to Part C C Question 4.b machinery I facilities	Officers, Directors, &	
Purchase of real of and equipment Construction or lot offering that may issuer pursuant to Repayment of inc. Working capital Other (specify):	estate	machinery I facilitiese value of securities involved in this eassets or securities of another	Officers, Directors, &	
Purchase of real of and equipment Construction or lot offering that may issuer pursuant to Repayment of inc Working capital Other (specify):	estate	machinery I facilitiese value of securities involved in this eassets or securities of another	\$ \$ \$ \$ \$	
Purchase, rental cand equipment Construction or le Acquisition of ott offering that may issuer pursuant to Repayment of inc Working capital Other (specify):	leasing and installation of leasing of plant buildings and ther businesses (including the y be used in exchange for the o a merger)	facilities	\$ \$ \$ \$	
and equipment Construction or le Acquisition of otl offering that may issuer pursuant to Repayment of inc Working capital Other (specify):	leasing of plant buildings and ther businesses (including the y be used in exchange for the o a merger)	I facilitiese value of securities involved in this assets or securities of another	\$ \$ \$ \$	
Acquisition of oth offering that may issuer pursuant to Repayment of inc Working capital. Other (specify):	ther businesses (including the y be used in exchange for the o a merger)	e value of securities involved in this eassets or securities of another	\$ \$ \$	
offering that may issuer pursuant to Repayment of inc Working capital. Other (specify):	y be used in exchange for the o a merger)debtedness	assets or securities of another	s	s
Working capital Other (specify):			s	
Other (specify):				
			s	\$3,445,000
Column Totals			s	□ \$
Total Payments 1			\$	\$\$
		TOTAL STORY OF THE		
		D. FEDERAL SIGNATURE		
onstitutes an und	dertaking by the issuer to fu	aned by the undersigned duly authorized person. If this numish to the U.S. Securities and Exchange Commission investor pursuant to paragraph (b)(2) of Rule 502.	otice is filed under Rin, upon written requi	ule 505, the following signatest of its staff, the informat
ssuer (Print or Typ SinglePipe Co	pe) mmunications, Inc.	Signature Scoth Coll	Date 12/3	30/08
Name of Signer (P Scott Edelen	Print or Type)	Title of Signer (Print or Type) Chief Financial Officer and Treasurer	_	

